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**Are Men Healthcare Executives more Successful than Women
Healthcare Executives?**

Tina L. Chumley

A Practicum Paper
Submitted in Partial Fulfillment of the Requirements for the

Master of Public Administration

Kennesaw State University

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Are Men Healthcare Executives more Successful than Female Healthcare Executives?

Executive Summary

The purpose of this study is to collect data from healthcare executives in hospital settings throughout the State of Georgia with a licensed bed capacity of 100 beds and greater in order to determine whether male executives are more successful than their female counterparts. Despite interest in this issue, there is no good answer to the question on how long pay disparity will continue between men and women healthcare executives.

The study provides insight that may help answer the question, and also supplies new information on why the disparity still exists. Data for healthcare executives were obtained through a self-administered, online survey that consisted of 14 closed-ended questions. In all, 225 executives from hospitals in Georgia were selected for the study with 51 responding. The overall response rate was 23 percent. The respondents were between 51 and 60 years of age, with men representing 56 percent and women representing 43.38 percent.

Salary is the key variable when comparing pay equity between males and females in executive positions. The average salary for both men and women was greater than \$125,000.00; however, men's compensation exceeded that of women. Although current position reveals a variance between males and females, about 39.13 percent of women are vice presidents, while 32 percent of men occupy chief executive positions. Overall, these findings demonstrate that men do hold higher positions than women. Despite the

current positive trends for female healthcare executives, the paper concludes that there is still a tendency for women to fall behind their male counterparts in upward mobility.

ACKNOWLEDGEMENTS

I would like to thank Drs. Barbara Neuby and William Baker for their kindness and true desire to teach what they know. Dr. Zimmerman, who always made going to class a true learning experience and always seemed to keep the class engaged and laughing. His wit, coupled with his life-long experiences will go with me throughout my professional career.

My only regret in graduate school is that I never had the opportunity to take Dr. Andrew Ewoh's class. Saying thank you simply is not enough to express how much I appreciate the extra meetings and added help during this process. His professionalism and aspiration exhibited for my success is immeasurable. Thank you!

Are Men Healthcare Executives more Successful than Female Healthcare Executives?

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Are Men Healthcare Executives more Successful than Women Healthcare Executives?

Introduction

Current estimates show that women healthcare executives are making strides in narrowing the gender gap in healthcare management. However, despite the fact that women may be making effective strides in achieving higher ranks in healthcare organizations, studies show that females, regardless of their abilities, goals and dedication to the profession, still fall below men in salary and position within healthcare organizations. With a continual push for diversity in the State of Georgia as a whole, there is also the need to achieve pay equity in profit and non-profit health organizations between men and women executives.

The purpose of this research is to collect data from healthcare executives in hospital settings throughout the State of Georgia with a licensed bed capacity of 100 beds and greater in order to determine whether men executives are more successful than their women counterparts. It is hopeful that my research will provide current data to show if there is any ongoing pay or compensation disparities in healthcare organizations between men and women executives in the State of Georgia. By performing this research, my goal is to determine whether men are more successful than women based on pay and dedication to the profession.

Are Men Healthcare Executives more Successful than Female Healthcare Executives?

Literature Review

Salary Disparities

By the beginning of the 1960s, it had become acceptable to question the earning disparities between men and women. It was perceived as taking three steps forward and two steps backward until the Equal Pay Act was passed by Congress in 1963. The Equal Pay Act required that women receive equal pay for equal work (Guy, 1993, 287).

As stated in *Shatter the Glass Ceiling: Women May Make Better Managers*, with a full emergence of women in the work place, top management mainly is a men's club and management in general is still seen as a man's job despite the fact that many women have attained management positions (Bass and Avolio, 1994, 549)

As outlined in *The Gender Gap in top Corporate Jobs*, one of the major labor market trends in the United States in the past two decades has been the convergence in outcomes between men and women (Bertrand and Hallock, 2001, 15). According to the Economic Policy Institute, in the 1980s, wage inequality increased dramatically coupled with stagnant average wages which was brought about by widespread attrition of wages that were formerly paid at a higher rate. By the late 1980s, inequity had not changed substantially and the wage gap persisted with women earning \$0.65 for every \$1.00 that men earned (Guy, 1993, 287).

Wage inequality continued its growth in the 1990s, but took a different shape, which showed a continued growth in the wage gap between top and middle earners (Allegretto, Bernstein and Mischel, 2005). Throughout the mid-1990s, progress against

wage inequality had somewhat halted among men, and wage inequality among women had resumed its growth. Pay differences between men and women have traditionally been attributed to the limited number of women in the higher-paying upper levels in organizations (Alkadry and Tower, 2006, 888).

As the wages of a typical worker fell in the early 1990s and rose again in the latter 1990s, executive pay started to skyrocket. From 1989 to 2000, the median wage of a chief executive officer grew 79 percent, and the average compensation grew to an incredible 342 percent (Allegretto, Bernstein and Mischel, 2005). Chief executive officer compensation then started to decline between 2000 and 2003, dropping 36 percent; however, this decline was reflective only of the highest paid CEOs (Allegretto, Bernstein and Mischel, 2005).

As indicated in the article, *The Gender Equity Gap in Top Corporate Executive Positions* by Joanne H. Burrell and Linda Zucca, in 1993, women made \$0.67 for each dollar earned by men compared to only \$0.58 in 1983. By 1999, it was reported that women earned approximately \$0.75 for each dollar earned by men. According to Burrell and Zucca's article, gender earnings gap has less to do with equal pay than with job positions, while women hold the lower-paying, less-skilled, and more traditional female positions. The number of females in the highest paid officer and director positions in some of the largest U.S. industrial and service companies indicated that of over 4,000 executives listed, only 19 percent were women (Burrell and Zucca, 2004). According to Burrell, female executives continue to earn significantly lower salaries.

The earnings for women is encouraging, according to a 2000 Canadian study. This study showed that women on average continued to earn approximately 76 percent as

much as their male counterparts. However, the lack of comparable salary earnings is exaggerated by the fact that benefits are tied to salary, which adds to women's unhappiness with their benefit packages and salaries (Nelson and Burke, 2000, 109).

In a 2003 study outlined in the *Unequal Pay: The Role of Gender* article, women earned 79.7 percent of what men earned (Alkadry and Tower, 2006, 888). A study in 2006 conducted by the American College of Healthcare Executives indicated that women earned 18 percent less than men in 1989, and that number dropped an additional 17 percent by 1994 (American College of Healthcare Executives, 2008).

A 2006 study by the U.S. Bureau of Labor Statistics found that "women accounted for nearly all the net employment growth above the overall median wage" across various industries between 2000 and 2005 (Kirchheimer, 2007, 8). Women healthcare executives earned an average of \$107,800.00 in 2006, which is \$23,200.00, or 18 percent, less than men (Kirchheimer, 2007, 6). Although women are still dramatically underrepresented in higher-paying job categories, an economist, Randy Ilg, found that women account for nearly 1.7 million of the 1.9 million net increases in total employment in higher paying jobs, or about 90 percent in operations jobs (Kirchheimer, 2007, 6).

In American College of Healthcare Executive (ACHE) survey findings, women with the longest tenure in health care administration reported significantly less satisfaction with their pay and opportunities for promotion than did men when started at the same time (Eubanks, 1991, 17).

Difference in Priorities: Success vs. Family

Executive positions and private lives can be quite challenging and can cause conflict for both men and women in executive positions. Success and family were

identified as being a primary difference between men and women chief executive officers (Females Show Strides in Salary and Rank, 1991, 6). A survey conducted by the American College of Healthcare Executives showed that 88 percent of male healthcare executives were currently married or “living in a marriage-like relationship,” compared with 66 percent of the females. This survey also showed that women have lower and less-defined career aspirations than men because of family orientation (Females Show Strides in Salary and Rank, 1991, 6).

The American College of Healthcare Executives (ACHE) sought to find whether the gender gap had been narrowing in the healthcare field, which is the first time in almost 17 years (Weil and Zimmerman, 2007). The survey focus was to determine if there were major differences that existed between the success patterns and job experiences of male and female executives. An area in which women were ranked superior by both men and women were nurturing skills.

According to the article by Mary Guy, *Three Steps Forward, Two Steps Backward*, men in top-level positions tend to live traditional family lives, while women live nontraditional lives. Women who lead traditional lives usually carry an extra burden of family obligations and are less likely to be promoted into management ranks (Guy, 1993, 290). Guy also noted that as many as 71 percent of female managers reported they had no dependents, where men reported having 48 percent. This is an important point because this illustrates that women are more focused on their jobs.

As outlined in article, *Women Executives: Health, Stress, and Success*, working women often find themselves in roles that require caring for their family as well as working, and this adds to role overload. Research indicated that women’s average total

workload was 78 hours per week, whereas men's workload was 68 hours per week because women try to juggle family and work more than men (Nelson and Burke, 2000, 112).

Another study indicates that the interaction of work and family looked at differences between men and women. For men, work involvement positively affected family involvement, and they were able to trade off work for family and vice versa. For women, it was quite different. For women, family involvement negatively affected work involvement; however work did not affect the family (Nelson and Burke, 2000, 114).

A survey conducted by Catalyst outlined that 82 percent of male CEOs focused on women's lack of general management and front line experience when dealing with profit and loss responsibilities as a key component as to why they had not advanced (Ragins, Townsend and Mattis, 1998, 37). With this stigma, 42 percent of female executives felt this was a critical barrier to their overall advancement opportunities (Ragins, Townsend and Mattis, 1998, 35). The ACHE study relates to my study because the survey focused on healthcare organizations, and looked at what separates men and women in their primary focuses of what measures and defines success.

Does Discrimination Play a Key Role?

While conducting my research, one of the key factors that I focused my attention on was to determine if discrimination is still an issue within healthcare organizations between male and female executives. The Civil Rights Act of 1964 provided a landmark move for women's employment. Although decades have passed, it is believed there are many more years before the number of women in management is proportionate to the number of men in the workplace (Guy, 1993, 286). There have been identified problems

with past studies of gender gap, in particular, unobservable differences between men and women (Bertrand and Hallock, 2001, 4).

Women currently make up nearly half of the U.S. labor force, and also hold entry and mid-level managerial positions. A 1995 census of women corporate officers and top earners conducted by Catalyst revealed that while women account for 10 percent of corporate executive positions, they represented only 2.4 percent of the highest ranks of corporate leadership. Women held 1.9 percent of the most highly compensated executive positions (Ragins, Townsend and Mattis, 1998, 28).

An article by Paula Eubanks, *Key Players Must Help Shatter the Glass Ceiling*, states that nearly 34 percent of female respondents either agreed or strongly agreed that they felt discriminated against in obtaining a better position due to gender, while only 2 percent of the men agreed that this statement applied to them (Eubanks, 1991, 17). It was also determined by a study conducted by Korn/Ferry International and UCLA that 59 percent of women have experienced some type of sexual harassment (Galvin, 1994, 16).

The lack of progress for women executives has been attributed to the “glass ceiling.” The glass ceiling is highly recognized in both public and the private sectors. A report by the U.S. department of labor was recognized for confirming the presence of a glass ceiling in corporate America in 1991 (Bullard and Wright, 1993, 192). Women executives have overcome gender-related barriers in order to break through the glass-ceiling. There are individuals in many organizations recognizing the importance of shattering the glass ceiling and removing barriers that prevent women from utilizing their full potential (Ragins, Townsend and Mattis, 1998, 30). Two primary barriers identified are the increased probability of failure, and denial of access of developmental

opportunities (Nelson and Burke, 2000, 111). Women face barriers in advancement, and when women do advance, they generally proceed at a slower pace than men. These barriers are also known as “glass ceiling” barriers that usually keep women in lower-level positions (Alkadry and Tower, 2006, 890).

Position

Regardless of whether or not the workforce is majority female, the top ranks are consistently filled with men (Guy, 1993, 287). A 2000 Canadian study showed key findings regarding women executives and the positions they hold. Positions that managers achieve are influenced by their background.

It was indicated in the article titled *Decade of the Executive Woman* that senior executives found 14 percent of women versus 45 percent of men aspired to be chief executive officers (Galvin, 1994, 15). This number increased to 16 percent in 2003, and up to 21 percent in 2006 as indicated by the U.S. Bureau of Labor Statistics (Kirchheimer, 2007, 8). Although these statistics show that women are progressing in CEO positions, women still fall behind (Kirschheimer, 2007). A report by Catalyst, a research organization that promotes women in business, revealed that only 15.7 percent of corporate officers are women (Baue, 2003, 1).

Women executives’ positions had less authority than did those of male executives (Burrell and Zucca, 2004). Female executives do not achieve top ranked executive positions at the same frequency as do male executives. Also, women may have obtained higher positions such as vice-president, but cannot achieve top positions of chief executive officer despite their qualifications and efforts (Bullard and Wright, 1993, 189).

Education and Experience

Men and women who have attained equally high positions, differ in their educational achievement (Guy, 1993, 290). In the study by Korn/Ferry International and UCLA, 91percent of women versus 73 percent of men belong to professional membership organizations (Galvin, 1994, 16). Researchers of this study felt that women have a stronger awareness of networking and need (Galvin, 1994).

According to Weil and Zimmerman, salary and rank variations are probably due to less education, training and/or experience among women (Weil and Zimmerman, 2007, 24). Study determined that men and women have similar levels of lower education, but women lack specialized training in health administration (Females Show Strides in Salary and Rank, 1991).

According to a study discussed in the article, *Gender Gap in the Executive Suite: CEOs and Female Executives*, labor force participation rates among more educated and career-oriented women will rise as baby boomers continue to advance. In addition, men's labor force participation rates at older ages will gradually decline (Nelson and Burke, 2000, 107).

Pay equity may attribute the pay gap for women due to educational differences or lack of work experience. It is suggested that investments in education, experience, and leadership capabilities may explain the differences in success between men and women (Alkadry and Tower, 2006, 891).

As also indicated in the article *The Gender Equity Gap in Top Corporate Executive Positions*, differences between men and women resulted in education, training,

experience, and tenure. These differences have shown to cause a significant gap in compensation (Burrell and Zucca, 2004)

Methodology

Data Source

The population for this study consisted of 225 healthcare executives in the State of Georgia. Data from healthcare executives were obtained by an online, self-administered survey instrument using Question-Pro survey software. An e-mail message with a hyperlink to the online survey was sent to all senior executives who work in hospitals in Georgia. The units of analysis in my research are men and women executives of healthcare organizations in Georgia. Executive names and e-mail addresses were obtained from the Georgia Hospital Association Manual, also referenced as GHAM (Georgia Hospital Association, 2008). GHAM is a comprehensive online resource that lists all healthcare organizations in the State of Georgia with complete demographics of each organization.

Key demographic information included: 1) hospital name, address, and phone number, 2) services provided, 3) licensed bed capacity, 4) executive officer names, phone numbers, and email addresses, and 5) profit or non-profit affiliation. I chose to use healthcare organizations with a licensed bed capacity of 100 beds or greater as my sample population to ensure the executive officer pool would remain consistent.

Data Analyses

The survey contained a combination of 14 closed-ended and Likert scale questions designed to obtain cross-sectional data. The survey was e-mailed confidentially on February 6, 2009 to 225 executives. A total of 63 surveys were viewed,

56 surveys were started, and 51 surveys were completed. Due to a low response rate from the initial survey, a reminder e-mail was sent on February 20, 2009 at which time the survey responses remained unchanged with 51 successfully completed surveys. After adjusting duplicates, invalid e-mail addresses, drop-outs, survey response rate from surveys started was approximately 23 percent response rate. I found no correlation to the low response rate from the first e-mail to the second e-mail, other than the executives could be too busy and did not have the time to complete the survey, may have forgotten, or they simply desired not to participate.

Variables identified are the demographics of the positions each executive holds. Variables are: 1) gender, 2) age, 3) salary, 4) position, 5) years of service, 6) education level, 7) number of promotions, 8) number of professional memberships held, 9) number of hours worked per week, and 10) personal satisfaction or dissatisfaction with their current position or job. Population will be comprised of all senior level management within hospital based healthcare organizations in Georgia.

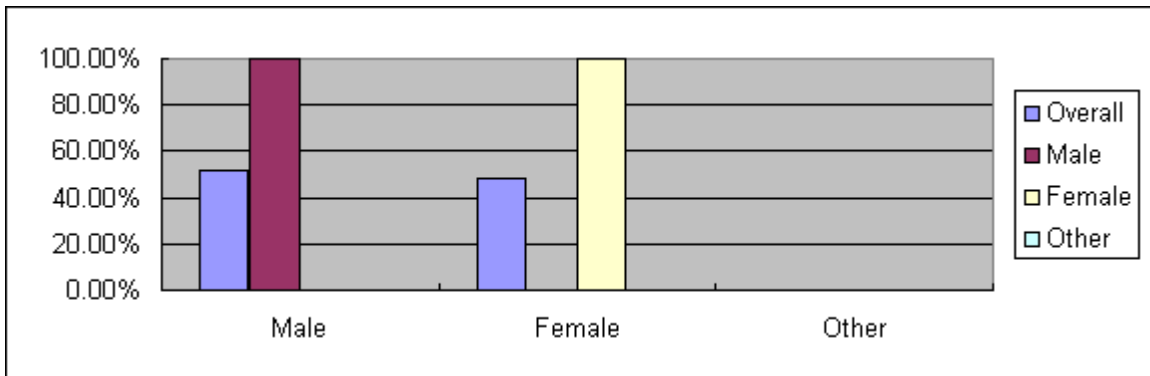
Findings

The breakdown of my survey results were cross-matched against gender, since my goal was to determine if men healthcare executives are more successful than female healthcare executives. The survey results show that males are more successful than their female counterparts.

Table 1 shows survey results by respondents' gender. Amazingly, the respondents were almost split evenly. There were a total of 25 males and a total of 23 females who responded. Overall column percentage rate for men is 52.08 percent, and for women, it resulted in a 47.92 percentage rate.

TABLE 1

[Q1] What is your gender?				
	Overall	Male	Female	Other
	Percentage	Percentage	Percentage	Percentage
Male	52.08	100.00	0.00	0.00
Female	47.92	0.00	100.00	0.00
Other	0.00	0.00	0.00	0.00



In Table 2 presents information on gender by age for men and women healthcare executives. As indicated in column percentage, an overall 50 percent of the respondents indicated they were between the ages of 51-60 years of age. Men represented 56 percent and women represented 43.48 percent.

TABLE 2

[Q2] What is your age?				
	Overall Percentage	Male Percentage	Female Percentage	Other Percentage
30 or Younger	0.00	0.00	0.00	0.00
31-40	8.33	8.00	8.70	0.00
41-50	27.08	28.00	26.09	0.00
51-60	50.00	56.00	43.48	0.00
61 or Older	14.58	8.00	21.74	0.00

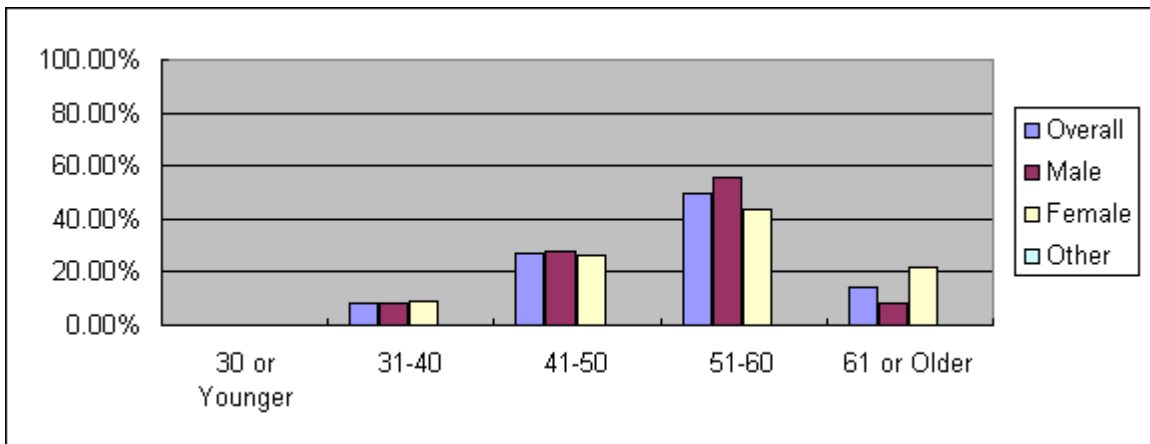
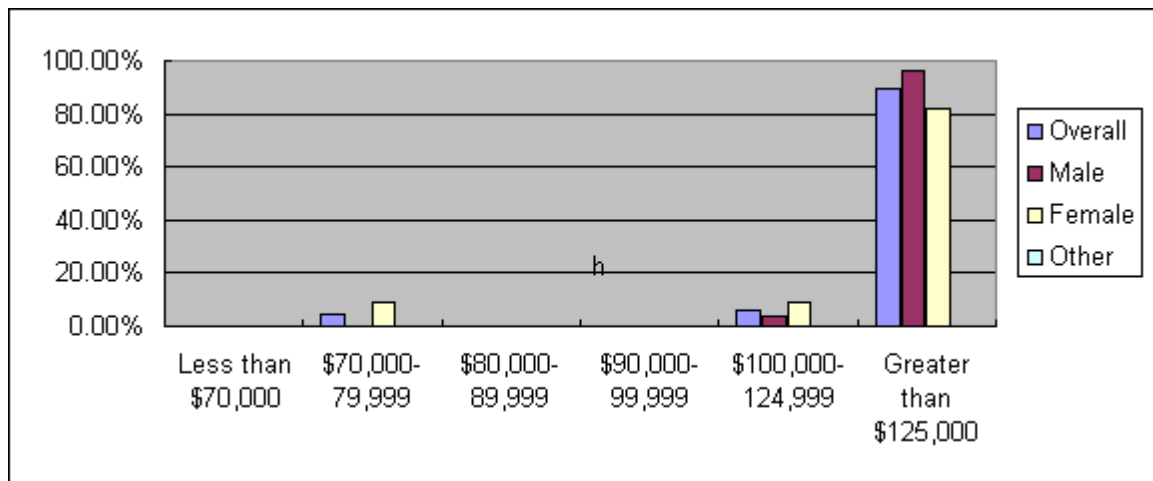


Table 3 indicates current salary range. Again, total column percentage indicates that 89.36 percent of the respondents earn greater than \$125,000.00 per year. By gender, men indicated they earned more than \$125,000.00 by 96 percent, while women achieved the same earnings at a lower percentage rate of 81.82 percent. In my survey population, men earned more than women do.

TABLE 3

[Q3] What is your current salary range?				
	Overall	Male	Female	Other
	Percentage	Percentage	Percentage	Percentage
Less than \$70,000	0.00	0.00	0.00	0.00
\$70,000-79,999	4.26	0.00	9.09	0.00
\$80,000-89,999	0.00	0.00	0.00	0.00
\$90,000-99,999	0.00	0.00	0.00	0.00
\$100,000-124,999	6.38	4.00	9.09	0.00
Greater than \$125,000	89.36	96.00	81.82	0.00



Current position is outlined in Table 4. Table 4 shows more of a variance between men and women with the highest column percentage rate showing 33.33 percent, as Vice President. Although women show a higher individual percentage rate of 39.13 as Vice President, males indicated a 32 percentage rate for CEO positions, which is a position higher than Vice President. These findings substantiate that although women do hold high positions, they still fall short of men in the top positions.

TABLE 4

[Q4] What is your current position:				
	Overall Percentage	Male Percentage	Female Percentage	Other Percentage
Executive Director	4.17	4.00	4.35	0.00
Administrator	6.25	4.00	8.70	0.00
Vice-President	33.33	28.00	39.13	0.00
CEO	25.00	32.00	17.39	0.00
Other	31.25	32.00	30.43	0.00

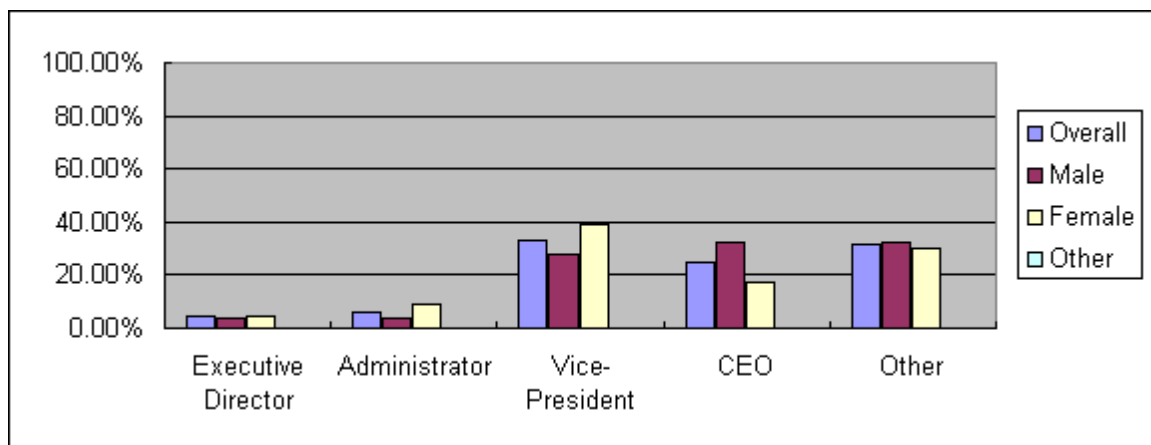
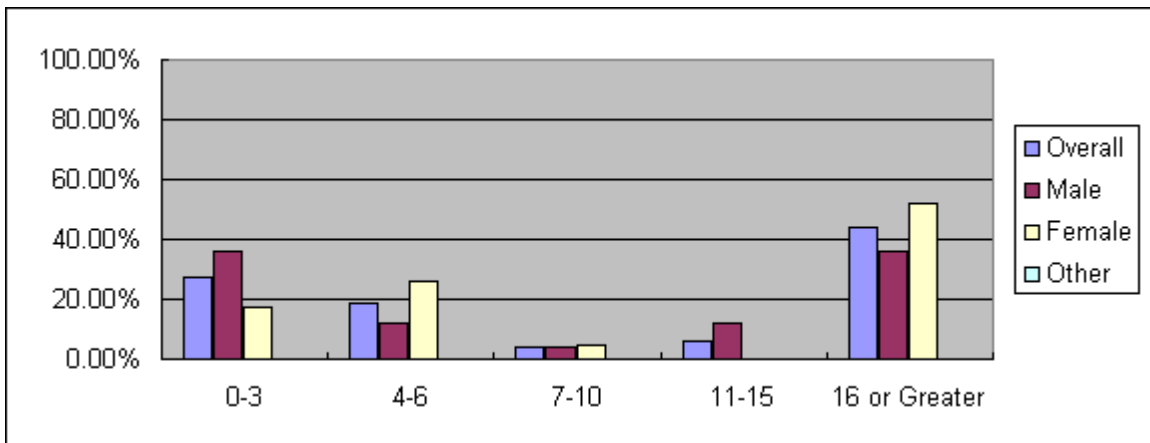


Table 5 shows years of services that executives have committed to their organizations. This table also shows slight variances between each group. Overall column percentage total is 43.75 percent which represents 16 years of service or greater. Men show 36 percent in this category; however, women show 52.17 percent of 16 years or greater.

TABLE 5

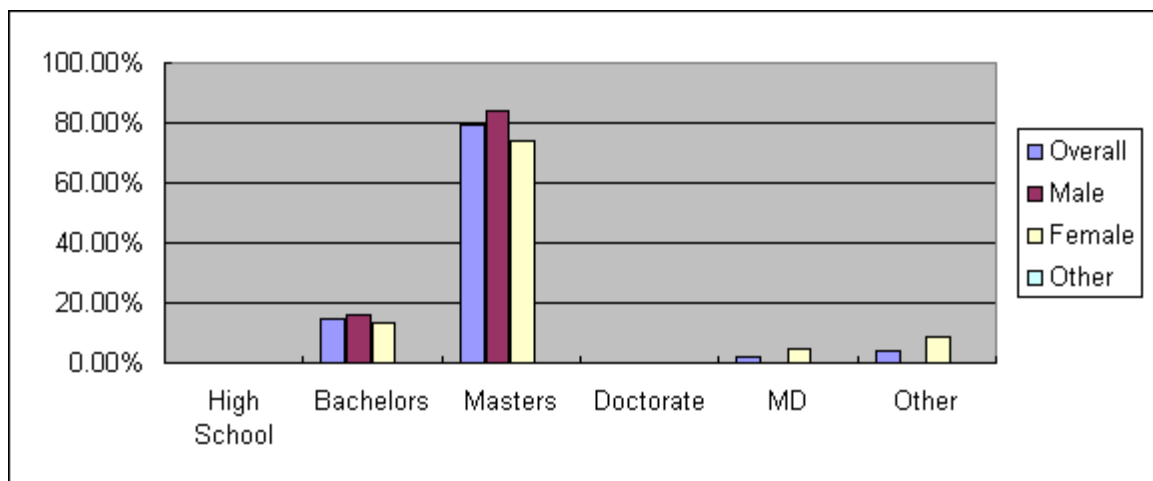
[Q5] Years of Service within your organization?				
	Overall	Male	Female	Other
	Percentage	Percentage	Percentage	Percentage
0-3	27.08	36.00	17.39	0.00
4-6	18.75	12.00	26.09	0.00
7-10	4.17	4.00	4.35	0.00
11-15	6.25	12.00	0.00	0.00
16 or Greater	43.75	36.00	52.17	0.00



Education level is extremely important when looking at success rates within corporations whether it is in healthcare or non-healthcare environments. Table 6 shows education level for male and female healthcare executives. Highest overall column percentage rate is for the masters level education at 79.19 percent. Men were ranked higher at 84 percent, while women ranked at 73.91 percent. Even though one female has a medical degree with a 2.08 percentage rate, women still fell below men overall in education.

TABLE 6

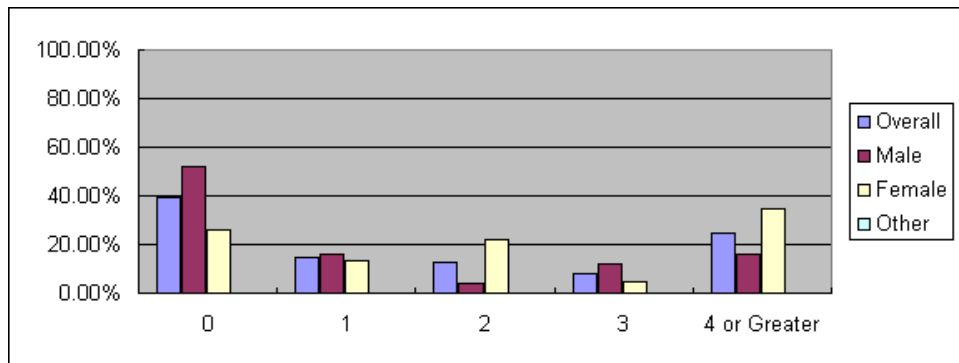
[Q6] Highest level of education you have completed?				
	Overall	Male	Female	Other
	Percentage	Percentage	Percentage	Percentage
High School	0.00	0.00	0.00	0.00
Bachelors	14.58	16.00	13.04	0.00
Masters	79.17	84.00	73.91	0.00
Doctorate	0.00	0.00	0.00	0.00
MD	2.08	0.00	4.35	0.00
Other	4.17	0.00	8.70	0.00



Success within an organization can be measured by the number of advancements achieved within the organization. The number of promotions by executives is indicated in Table 7. Highest overall column percentage rate is 39.58 percent, with 19 overall responses. This column percentage rate is indicative of having no promotions within the organization. For men, 52 percent stated they had no promotions, while 26.09 percent of women indicated they had no promotions. What I focused on is the highest number of promotions, four or greater promotions, which is the next highest column percentage rate of 25 percent. For men, 16 percent indicated they had received four or more promotions, but surprisingly, 34.78 percent of women indicated they had also received four or more promotions. Overall, these calculations clearly show that women have been promoted more than men.

TABLE 7

[Q7] Number of Promotions you have received within your organization?				
	Overall Percentage	Male Percentage	Female Percentage	Other Percentage
0	39.58	52.00	26.09	0.00
1	14.58	16.00	13.04	0.00
2	12.50	4.00	21.74	0.00
3	8.33	12.00	4.35	0.00
4 or Greater	25.00	16.00	34.78	0.00



Satisfaction in work environments also plays a key role in success for executives.

Table 8 illustrates the five levels of satisfaction. The majority of the respondents replied that they were very satisfied with working for their organization. Men had an overall 72 percent very satisfied response rate and women had a 60.87 percent very satisfied response rate. Interestingly, only 4.17 percent were neutral, but no respondent chose being dissatisfied or very dissatisfied working for their organization. This was surprising because although there appears to be some disparities thus far, no one person stated they were dissatisfied.

TABLE 8

[Q8] How satisfied are you working for your organization?				
	Overall	Male	Female	Other
	Percentage	Percentage	Percentage	Percentage
Very Satisfied	66.67	72.00	60.87	0.00
Satisfied	29.17	20.00	39.13	0.00
Neutral	4.17	8.00	0.00	0.00
Dissatisfied	0.00	0.00	0.00	0.00
Very Dissatisfied	0.00	0.00	0.00	0.00

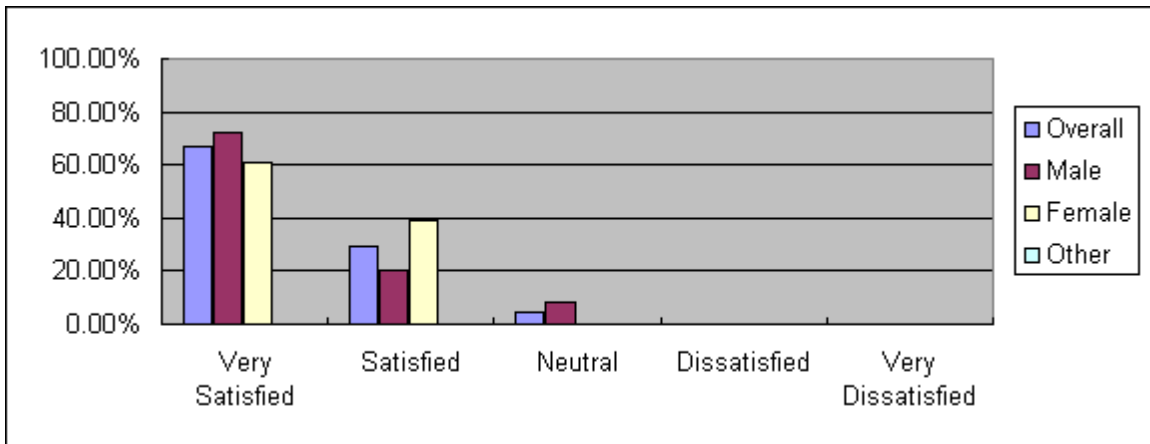
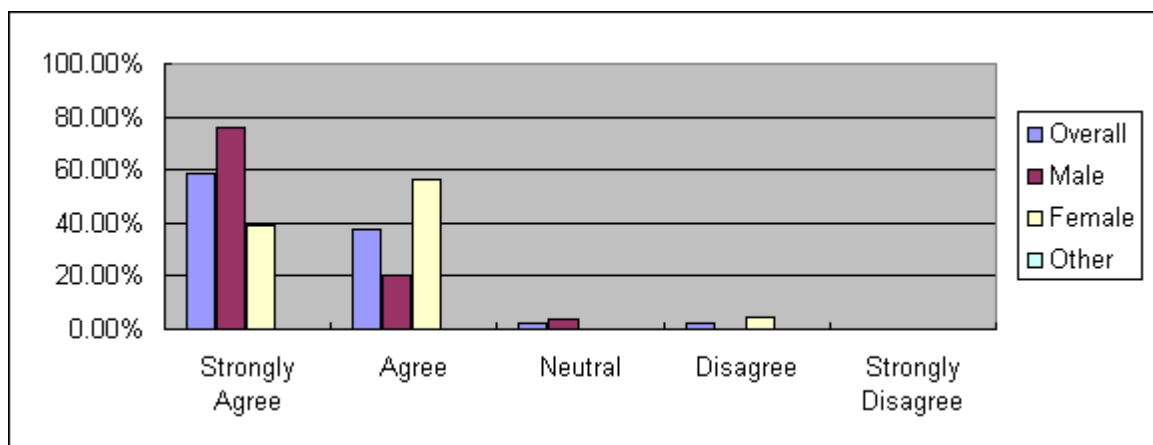


Table 9 presents a survey question that is important to the study results. Executives answered if they were given the same opportunities as their colleagues with similar backgrounds. Overall, 58.33 percent of the respondents indicated they strongly agreed. Men strongly agreed by 76 percent, while women strongly agreed by 39.13 percentage. Highest response rate for women was 56.52 percent who only “agreed” they were given the same opportunities, but there was also 4.35 percent who disagreed. Is it possible that this particular survey question could be telling us that women feel discriminated against in some way?

TABLE 9

[Q9] I am given the same opportunities as my colleagues with similar background and education/experience?				
	Overall	Male	Female	Other
	Percentage	Percentage	Percentage	Percentage
Strongly Agree	58.33	76.00	39.13	0.00
Agree	37.50	20.00	56.52	0.00
Neutral	2.08	4.00	0.00	0.00
Disagree	2.08	0.00	4.35	0.00
Strongly Disagree	0.00	0.00	0.00	0.00



Compensation seems to be the key factor in disparities between men and women who hold executive positions. As illustrated in Table 10, the overall highest response rate column, 58.33 percent agreed they were fairly compensated. Women led this category by 69.57 percent and men had 48 percent. The next highest ranked category is strongly agreed, with an overall rate of 39.58. Men stated they strongly agreed by 48 percent, where women only ranked 30.43 percent. Interestingly again, 2.08 percent disagreed, and are male respondents at an individual 4 percent. It is fair to state that with an overall agreement rate of 58.33 percent, the majority of respondents feel satisfied with the compensation for the work they do.

TABLE 10

[Q10] I am fairly compensated for the work I do?				
	Overall Percentage	Male Percentage	Female Percentage	Other Percentage
Strongly Agree	39.58	48.00	30.43	0.00
Agree	58.33	48.00	69.57	0.00
Neutral	0.00	0.00	0.00	0.00
Disagree	2.08	4.00	0.00	0.00
Strongly Disagree	0.00	0.00	0.00	0.00

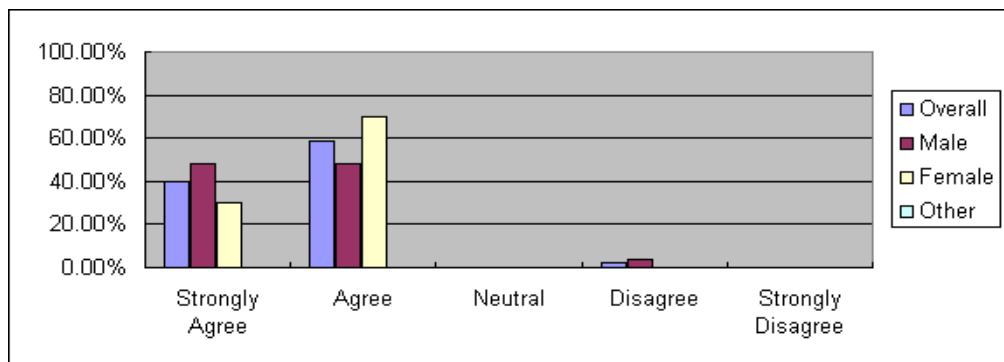
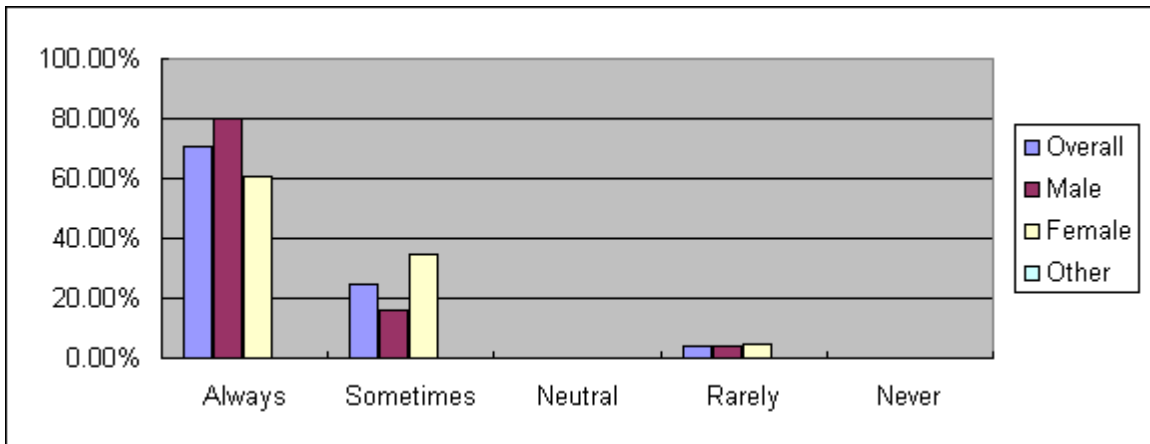


Table 11 shows results from a survey question asking respondents if they feel they are supported by their organization. Overall highest response rate was 70.83 percent which is a very positive response of “always.” Eighty percent of males stated they always felt supported and 60.87 percent of females also felt they were always supported. The next response category is “sometimes” and overall response rate was 25 percent; men gave a 16 percent response while women gave a 34.78 percent response. Although the overall response rate was overwhelming positive, there was a 4.17 percent response rate by men that rarely felt they were supported.

TABLE 11

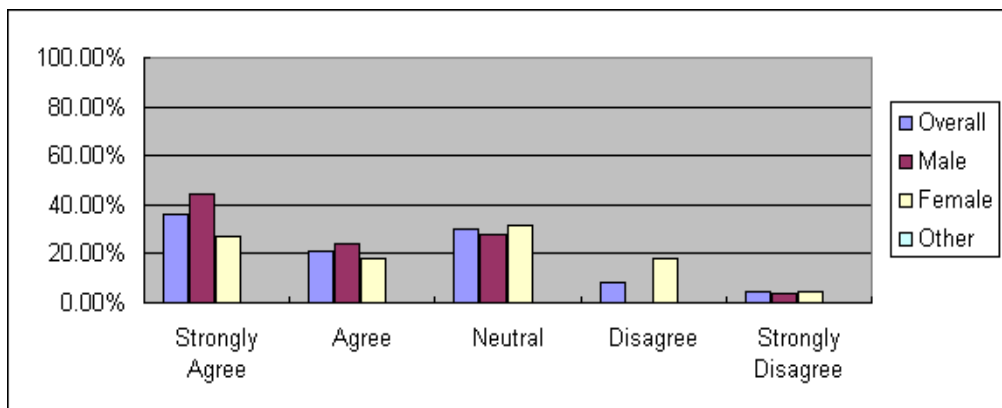
[Q11] Do you feel the organization supports you personally?				
	Overall	Male	Female	Other
	Percentage	Percentage	Percentage	Percentage
Always	70.83	80.00	60.87	0.00
Sometimes	25.00	16.00	34.78	0.00
Neutral	0.00	0.00	0.00	0.00
Rarely	4.17	4.00	4.35	0.00
Never	0.00	0.00	0.00	0.00



Aspiring to move up in an organization can be a very personal decision. This survey question came back with broad deviations in responses from the respondents. High overall response was “strongly agreed” at 36.17 percent with men answering 44 percent and women answering 27.27 percent. The answer “agree” had an overall response rate of 21.28 percent, with men responding at 24 percent and women at 28 percent. However, it is the “neutral” response that came in a close second to the highest overall response rate at 29.79 percent. There were also some respondents who “disagreed,” and they were all females at 18.18%. Again, there were respondents who “strongly disagreed” and this rate was split by both male at 4 percent and female at 4.55 percent. Taking into consideration people aspire to move up in organizations for many different reasons, my research found that most people have their families to think about because of the demands that are added with “climbing the corporate ladder.”

TABLE 12

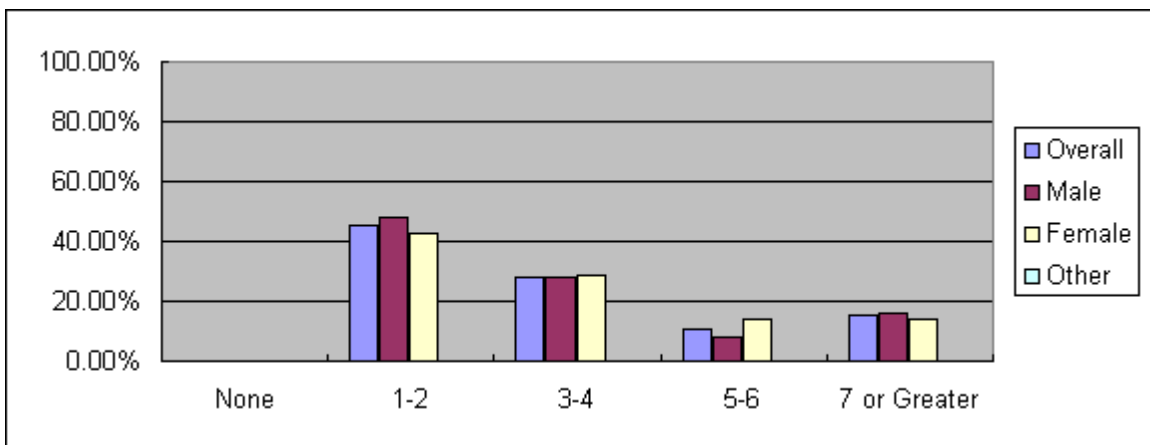
[Q12] I aspire to move up within my organization?				
	Overall Percentage	Male Percentage	Female Percentage	Other Percentage
Strongly Agree	36.17	44.00	27.27	0.00
Agree	21.28	24.00	18.18	0.00
Neutral	29.79	28.00	31.82	0.00
Disagree	8.51	0.00	18.18	0.00
Strongly Disagree	4.26	4.00	4.55	0.00



Staying informed of current events and being an active member of a professional, affiliated association that is directly associated with your organizational can be as important as holding the executive positions themselves. Current events in healthcare organizations are extremely important not only to know what current practices are taking place, but it also allows for brainstorming and idea sharing. Survey question number 13 asked respondents for the number of current memberships and accredited associations they held within the healthcare organization. The overall percentage rate was 45.65 percent obtaining 1-2 memberships. Men rated 48 percent while women were at 42.86 percent. The next highest rating was 3-4 memberships which was 28.26 percent.

TABLE 13

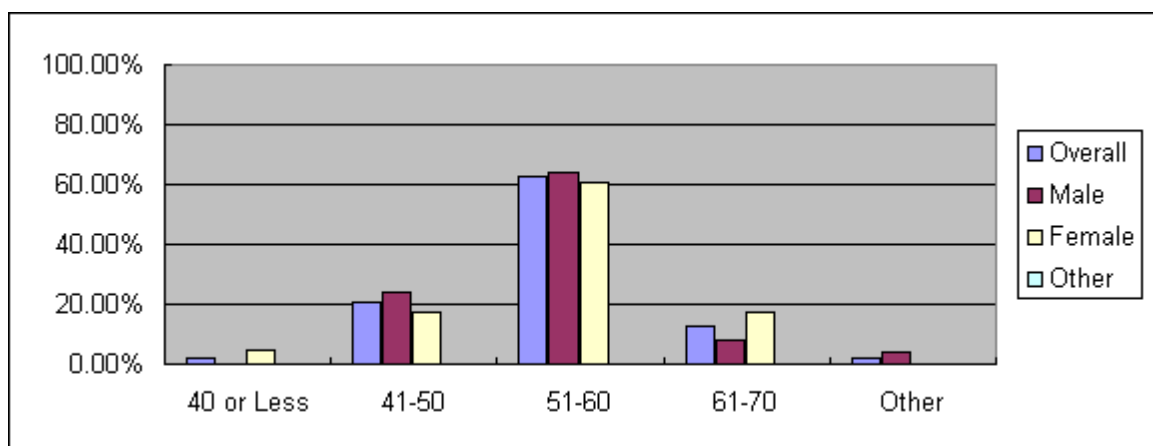
[Q13] Number of current memberships of a professionally accredited association affiliated with your healthcare organization?				
	Overall Percentage	Male Percentage	Female Percentage	Other Percentage
None	0.00	0.00	0.00	0.00
1-2	45.65	48.00	42.86	0.00
3-4	28.26	28.00	28.57	0.00
5-6	10.87	8.00	14.29	0.00
7 or Greater	15.22	16.00	14.29	0.00



A commitment to an organization many times can be measured by the number of hours someone works for the organization. My final survey questions asked respondents for the number of hours per week they worked. The highest overall percentage was 62.5 for 51-60 hours per week worked, with men indicating 64 percent and women indicating 60.87. These percentages are quite close, which is an indication that both men and women are committed to their organizations. Hours that fell between 41-50 hours were the next highest percentage of 20.83, which yet again, men were higher with 24 percent, and women were 17.39 percent.

TABLE 14

[Q14] Number of hours per week you work for your organization?				
	Overall Percentage	Male Percentage	Female Percentage	Other Percentage
40 or Less	2.08	0.00	4.35	0.00
41-50	20.83	24.00	17.39	0.00
51-60	62.50	64.00	60.87	0.00
61-70	12.50	8.00	17.39	0.00
Other	2.08	4.00	0.00	0.00



Conclusion

The purpose of this study is to investigate the current status of gender gaps at the corporate level in healthcare organizations in the State of Georgia. Data were gathered from an online survey, QuestionPro software, which was based on the executive demographics and the positions they hold.

My survey indicates that women do still fall short of men in corporate healthcare with regards to their salary. Data collected also showed that women do not work as many hours as their male counterparts; however, women hold more accredited organization certification than men. According to past studies, this could be that female executives juggle professional careers and family obligations, which can handicap their commitment to their profession. Surprisingly, although my survey results showed that women still fall short of men in 9 of the 14 categories, there is a positive trend that women are starting to narrow the gap with their male counterparts.

Past history has shown there were definite disparities in salaries and position; however, I believe that if women continue to climb the corporate healthcare ladder, they will be able to do so without having to work against past history of discrimination. With what appears to be increased visibility of female executives in the healthcare market, could it mean there is a possibility of finally breaking the glass ceiling, or is it too good to be true? Only continued research and further studies will answer the uncertainty of disparities between our healthcare executives.

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Appendices

Survey Invitation

Email Invitation Details

Email List : Email-List-2

Survey:

KSU Research (1137420)

From :

Tlc5646@student.kennesaw.edu

Subject:

KSU Survey Request

Email Mode:

Plain Text

Dear Executive,

My name is Tina Chumley and I'm a graduate student at Kennesaw State University. I am conducting *confidential* research to study if male healthcare executives have a higher success rate than female healthcare executives. There are only 14 questions, which can easily be answered by multiple choice selections and should only take 5-6 minutes to complete. The validity of this survey depends on your response to each question and will contribute to the success of my research. My contact information is 818 Sentinel Ridge; Marietta, GA; 30064; 770-420-2992.

Thank you for your time and valuable input to my research.

<ANONYMOUS_SURVEY_LINK>

Survey Questionnaire

The purpose of this research has been explained and participation is entirely voluntary. I understand the research entails no known risks and my responses will not be used for any other reason other than the specific intent of this research study. Survey responses will be strictly confidential and data from this research will be reported only in the aggregate. All information will be coded and will remain confidential. There is no monetary compensation for my participation, and if I feel uncomfortable answering any questions, I can withdraw from the survey without penalty. Research at Kennesaw State University that involves human participants is carried out under the oversight of an Institutional Review Board. Questions or problems regarding these activities should be addressed to Dr. Ginny Q. Zhan, Chairperson of the Institutional Review Board, Kennesaw State University, 1000 Chastain Road, #2202, Kennesaw, GA 30144-5591 (770) 423-6679. Thank you very much for your time and support. Please start with the survey now by clicking on the Continue button below.

1. What is your gender?
 1. Male
 2. Female
 3. Other

2. What is your age?
 1. 30 or Younger
 2. 31-40
 3. 41-50
 4. 51-60
 5. 61 or Older

3. What is your current salary range?
 1. Less than \$70,000
 2. \$70,000-79,999
 3. \$80,000-89,999
 4. \$90,000-99,999
 5. \$100,000-124,999
 6. Greater than \$125,000

4. What is your current position:
 1. Executive Director
 2. Administrator
 3. Vice-President
 4. CEO
 5. Other

5. Years of Service within your organization?
 1. 0-3
 2. 4-6
 3. 7-10
 4. 11-15
 5. 16 or Greater

6. Highest level of education you have completed?
 1. High School
 2. Bachelors
 3. Masters
 4. Doctorate
 5. MD
 6. Other

7. Number of Promotions you have received within your organization?
 1. 0
 2. 1
 3. 2
 4. 3
 5. 4 or Greater

8. How satisfied are you working for your organization?
 1. Very Satisfied
 2. Satisfied
 3. Neutral

- 4. Dissatisfied
- 5. Very Dissatisfied

9. I am given the same opportunities as my colleagues with similar background and education/experience?

- 1. Strongly Agree
- 2. Agree
- 3. Neutral
- 4. Disagree
- 5. Strongly Disagree

10. I am fairly compensated for the work I do?

- 1. Strongly Agree
- 2. Agree
- 3. Neutral
- 4. Disagree
- 5. Strongly Disagree

11. Do you feel the organization supports you personally?

- 1. Always
- 2. Sometimes
- 3. Neutral
- 4. Rarely
- 5. Never

12. I aspire to move up within my organization?

- 1. Strongly Agree
- 2. Agree
- 3. Neutral
- 4. Disagree
- 5. Strongly Disagree

13. Number of current memberships of a professionally accredited association affiliated with your healthcare organization?

- 1. None
- 2. 1-2
- 3. 3-4
- 4. 5-6
- 5. 7 or Greater

14. Number of hours per week you work for your organization?

1. 40 or Less
2. 41-50
3. 51-60
4. 61-70
5. Other